

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

(060028)

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		/					52								
3		/					53								
4		/					54								
5		/					55								
6		/					56								
7		/					57								
8		/					58								
9	1						59								
10		/					60								
11		/					61								
12		/					62								
13		/					63								
14		/					64								
15		/					65								
16		/					66								
17	1						67								
18		/					68								
19		/					69								
20		/					70								
21		/					71								
22		/					72								
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34		/					84								
35		/					85								
36		/					86								
37		/					87								
38		/					88								
39		/					89								
40		/					90								
41		/					91								
42		/					92								
43		/					93								
44		/					94								
45		/					95								
46		/					96								
47		/					97								
48		/					98								
49		/					99								
50		/					100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	17						TOTAL DEP.								
TOTAL CLAIMS	20						TOTAL CLAIMS								